

Carnation Christian Preschool

PO Box 457, Carnation, WA 98014
(425) 333-6436

Enrollment Information

In order to better understand your child, and to make his or her school experience both pleasant and beneficial, we ask that you answer the following questionnaire as completely as possible.

Child's full name	_____
Preferred name	_____ Male/Female _____ Birth date _____
City and State or Country of Birth	_____
Is child adopted?	_____ Adopted at what age? _____ Does child know? _____
Mailing address	_____
City and Zip	_____
Home Phone ()	_____ Cell Phone () _____
Email Address	_____
Please check here if you do NOT want your home phone number or email address published in a school directory. ____	

Parent Information

Name _____	Name _____
Relationship _____	Relationship _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Work Phone () _____	Work Phone () _____
Marital status of parent(s) _____	

Joint Custodial or Non-custodial Parent Information

Name _____	
Relationship _____	
Home address _____	
City, State and Zip _____	
Home phone () _____ Cell Phone () _____	
Employer _____ Occupation _____	
Please note. It is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation.	

Family and Social History

Other children in the family:

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

Other members of the household. _____

Who has cared for your child other than parents? _____

Has your child had group play experiences? _____ Where? _____

Does your child attend church? _____ Where? _____

What method of behavior control is used in your home? _____

What is your child's usual reaction? _____

How would you describe your child's personality? _____

Developmental History

Approximate age at which your child:

Walked alone _____ Named simple objects _____

Does your child have speech difficulties? Please explain. _____

What are your child's favorite indoor play activities? _____

What are your child's favorite outdoor play activities? _____

Does your child have any special fears? Please explain. _____

What would you like your child to gain from preschool? _____

Emergency Contact Information

An individual we may contact if we are unable to notify the parents or guardians in the event of an emergency. These should include someone who generally knows your schedule. Please notify your emergency contact person that you are using their name.

Name _____ Relationship _____
Daytime Phone () _____ Cell Phone () _____

Name _____ Relationship _____
Daytime Phone () _____ Cell Phone () _____

People permitted to pick up your child from preschool.

Name	Relationship	Daytime Phone Number
1.		
2.		
3.		
4.		
5.		

Health Information and History

Child's Physician _____ Phone () _____

Insurance Company _____

Date of last examination by a physician _____

Allergies (including drug reactions) _____

Regular Medications _____

Food allergies _____

Hearing difficulties? _____ Vision difficulties? _____

Are there any physical limitations of which we need to be aware? _____

Please explain. _____

Please include any other pertinent information. _____

Consent for Medical Care / Accident Release Form

I, _____, permit Carnation Christian Preschool to give emergency
(parent or guardian)
treatment, including first aid and cardiopulmonary resuscitation (CPR) to my child,
_____, when deemed necessary. I give authority for my child to be taken
(child)

by ambulance or aid car to _____ Hospital, or nearest hospital, in case of emergency. I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment. I understand that every effort will be made to contact me. I agree to accept financial responsibility for the cost of such treatment, including transportation by ambulance or aid car.

I hereby grant permission for my child to use all of the play equipment and to participate in all of the activities of Carnation Christian Preschool and to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

A photocopy of this authorization carries the same force and authority as the original.

Signature: _____ Date: _____

Carnation Christian Preschool admits students of any race, color, national or ethnic origin.